

2387

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>104</u>	
District of <u>Tucson</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>339</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or			
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Earl Leroy Gardner</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>Yes</u>	Date of Birth <u>October 24</u> 191 <u>4</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Charles Frederick Gardner</u>	Full Maiden Name <u>Ethel Mc Neal</u>		
Residence <u>Miami Arizona</u>	Residence <u>Miami Arizona</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>29</u>	Age at last Birthday <u>23</u>
		(Years)	(Years)
Birthplace <u>Arizona</u>	Birthplace <u>Mexico</u>		
Occupation <u>Mill Man</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 24</u> 191 <u>4</u> , at <u>12</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191 <u>4</u>		(Signature) <u>Charles E. Davis M.D.</u>	
		(Attending physician, midwife, householder*)	
		Address <u>Miami Arizona</u>	
Filed <u>Nov 1st</u> 191 <u>4</u>		LOCAL REGISTRAR.	
579-1024-543		A True Copy	
COUNTY REGISTRAR.		Filed <u>Nov 5</u> 191 <u>4</u>	
		COUNTY REGISTRAR.	